

U.S. SAVINGS BOND ENROLLMENT

EMPLOYEE NAME (LAST, FIRST, MIDDLE) - Print

DAYTIME TELEPHONE NUMBER

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EMPLOYEE ID NUMBER

EMPLOYEE DEPARTMENT

BIWEEKLY DEDUCTION

BENEFIT PLAN

(LEAVE BLANK)

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BOND OWNER SOCIAL SECURITY NUMBER - to appear on Bond

NAME - to appear on Bond (LAST, FIRST, MIDDLE) - Print

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MAILING ADDRESS (or owner's address when different from pay warrant)

STREET NUMBER & STREET NAME

ADDRESS (line 2)

ADDRESS (line 3)

CITY

STATE

ZIP CODE

FOR USE BY PAYROLL-PERSONNEL

ENTERED BY

DATE

Employee may designate co-owners or beneficiaries to be named on the Bond, but not both.

Married women must use given name (i.e., Mrs. Smith Mary Ann not Mrs. Smith John Lee)

CO-OWNER / BENEFICIARY -

NAME (LAST, FIRST, MIDDLE) - Print (Mrs., Ms., Mr.)

SOCIAL SECURITY NUMBER

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CHECK APPROPRIATE BOX:

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Change Savings Bond deduction for Bond owner _____
Social Security Number

☐

Cancel Savings Bond deduction for Bond owner _____ in the amount of \$ _____
Social Security Number

☐

New Enrollment (Check Bond amount below - If purchasing more than one Bond denomination, complete additional enrollment forms)

CHECK APPROPRIATE BOX:

☐

\$100 Bond (SB04)
Cost \$50

☐

\$200 Bond (SB05)
Cost \$100

☐

\$500 Bond (SB06)
Cost \$250

☐

\$1,000 Bond (SB07)
Cost \$500

I hereby authorize the State of Michigan to deduct \$ _____ from my paycheck each payday beginning _____ 20 _____ for U.S. Savings Bonds. When savings equal the cost of the Bond above, have the Bond issued to the owner as indicated on this form. Authorization continues until I advise you to change it.

EMPLOYEE / PURCHASER NAME (Last, First, Middle) - Print

EMPLOYEE / PURCHASER SIGNATURE

DATE

DISTRIBUTION: Original - Human Resources Office
Retain Copy for Employee File

BOND SEQUENCE # _____ (HR OFFICE USE)